

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service, 05/07/01 through 08/16/01.
- b. The request was received on 05/06/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Statement of Disputed Issues
 - b. HCFA-1500
 - c. EOBs
 - d. Addendum A: CCN Provider Product Participation
 - e. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/13/02. There is no response from the Requestor found in the file.
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

There is no carrier sign sheet found in the dispute packet. There are no carrier responses found in the case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 05/06/02:
**"Our disagreement:
Simple and straight-forward, WE DO NOT HAVE A CONTRACT WITH NCC
NOR WITH CCN NETWORKS FOR THE WORKER'S COMPENSATION
PLAN. (Please refer to the following Addendum A: CCN Provider Product
Participation. This clearly indicates only our participation with the Group Health
PPO Plan and NOT the Workers' Compensation Plan) [sic]"**
2. Respondent: No Response found

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 05/07/01 through 08/16/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the provider's TWCC-60, the provider billed the carrier \$8,817.00.
4. Per the provider's TWCC-60, the carrier paid the provider \$4,107.60.
5. Per the provider's TWCC-60, the amount in dispute is \$732.40.
6. Per the provider's Table of Disputed Services, the CPT codes in dispute are 99205, 29881, 99215, 29888, and 99213.

V. RATIONALE

Medical Review Division's rationale:

The carrier denied the charges in dispute by denial code "C – PPO Discount * Contract Savings Per National Choicecare or CCN PPO Agreement."

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 5th day of September 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

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